

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T14	953	02-28-01
RESPONSE FORMALITY REVIEW	T2	JC947	05/21/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	✓ 2/1/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	—
14	✓
15	✓
16	✓
17	✓
18	—
19	—
20	—
21	✓
22	—
23	✓
24	—
25	✓ 0
26	✓ 0
27	— ✓
28	— 0
29	✓
30	✓
31	✓
32	✓
33	—
34	✓
35	✓
36	—
37	—
38	✓
39	✓
40	✓
41	—
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	Original
51	✓ 2/1/01
52	—
53	—
54	✓
55	✓
56	—
57	✓
58	✓
59	— ✓
60	✓ 0
61	✓
62	0
63	0
64	✓
65	—
66	—
67	✓
68	✓
69	✓
70	✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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03/01/01